	E OF CAL	EXPENSE CLAIM	Unit Co						se Side	BK Trip? O YES O No				
			210			Staff					age	of	Pages	
CLAIMA	en Ba	<sup>1E</sup> Fisc	Fiscal Year 2008-2009		2008TEC1744		SSN OR EMPLOYEE NUMBER* 269-52-5702					RTMENT PR		
Position Secretary of Volunteering and				CB/ID NO.: EXEMPT		Ca	California Volunteers						PCA # 11100	
RESIDENCE ADDRESS* 971 Castec Dr.							1110 K Street Suite 210						ТЕLЕРНО 916-32	NE NUMBER 3-7646
CITY STATE Sacramento CA				ZIP CODE 95864		CITY	CITY Sacramento			STATE CA			ZIP CODE 95814	
(1) MONTH/YEAR			(4)	(5) MEALS			(6)	(7) TR		NSPORTA	ATION		(8)	(9)
Aug 2009		LOCATION WHERE EXPENSES WERE INCURRED		BREAK-		O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT-	(A) COST OF	(B)	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES
DATE	TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USEC	PARKING	MILES			FOR DAY
	0800											\$0.00		\$0.00
8/21	2200	Sac - San Fran - Sac								\$48.00	191	\$105.05		\$153.05
	<b>ļ</b>											\$0.00	·	\$0.00
												\$0.00		\$0.00
	<u> </u>											\$0.00		\$0.00
							Ĩ.			v		\$0.00		\$0.00
		ı ş						E II				\$0.00		\$0.00
	-						AUG	2 7 20	00			\$0.00		\$0.00
	•								Ç	) homework	A CONTRACTOR OF THE CONTRACTOR	\$0.00		\$0.00
	-						GE OF FEA ADMINISTI	IMMING & K LATIVE SERV	ESEA ICES	RCH		\$0.00		\$0.00
	<del>, , , , , , , , , , , , , , , , , , , </del>											\$0.00		\$0.00
	. <b>.</b>											\$0.00		\$0.00
	· -											\$0.00		\$0
(10)	SUBT	OTALS								\$48.00	\$191	105.05		\$153.05
COLUMN CODE (ACCTG: USE ONLY)							111 111111	***************************************						
<u> </u>			J		211121					CLAIM -	TOTAL	\$	\$^	153.05
(11) PUF	POSE OF	TRIP. REMARKS AND DETAILS (Atta	ch receipts/voucher	s when requir	ed)						/12\	NORMAL WO	DK HULIDS	
Civic Ventures Meeting, Bank of America Taping and National Conference on Volunteering and Service Strategy Team Debrief											(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289			
<del></del>											(14) MILEAGE RATE CLAIMED .55			
											AGENCY ACCOUNTING OFFICE			
<del></del>											USE ONLY PAID BY REVOLVING FUND CHECK NUMBER			
THEREB	Y CERTIF	Y That the above is a true statement of icle was used, and if mileage rates exc	the travel expenses	incurred by n	me in accorda	nce with DPA i	ules in the se	ervice of the Sta	te of C	alifornia. If			\$0.	.55
claimed,	and that I h	nave met the requirements as prescribe	ed by SAM Sections	0750, 0751, 0	0752, 0753, ai	nd 0754 pertain	ning to vehicle	e safety and sea	at belt u	usage.	AND P	YMENT	DATE	
	Ku	~ Boff	<u> </u>	9/20	0/09	Ki	lla	13	1	anti	ّ ر		8.20	09
(17) SPE	CIAL EXPE	NSE AUTHÓRIZATION - SIGNATURE	and TITLE (See It	em 15 on rev	erş <b>é</b> )	, ,		-					DATE	•